



State of New Hampshire

2010 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2010

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 03/10/2010

Business ID: 570766

William M. Gardner

Secretary of State

SALEM M.O.B. 1, LLC

155 N BROADWAY
SALEM, NH 03079

ADDRESS OF PRINCIPAL OFFICE:

155 N BROADWAY
SALEM, NH 03079

REGISTERED AGENT AND OFFICE:

GRILLO, PAUL A
155 N BROADWAY, PO BOX 68
SALEM, NH 03079

ENTITY TYPE: LLC
BUSINESS ID: 570766
STATE OF DOMICILE: NEW HAMPSHIRE

DEAL IN/WITH REAL ESTATE

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

- ☐ The new mailing address _____
☐ The new principal office address _____

PO Box is acceptable.

MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

MANA. Gino J. Baroni
STREET 155 N Broadway
CITY/STATE/ZIP Salem Nh 03079

MANA. Paul A. Grillo
STREET 155 N Broadway
CITY/STATE/ZIP Salem Nh 03079

NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

MEMB. Gino J. Baroni
STREET 155 N Broadway
CITY/STATE/ZIP Salem Nh 03079

MEMB. Paul A. Grillo
STREET 155 N Broadway
CITY/STATE/ZIP Salem Nh 03079

NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

To be signed by the manager, if no manager, must be signed by a member.

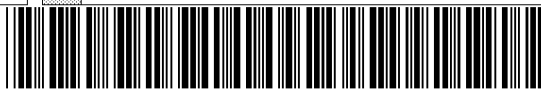
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: Gino J Baroni

Please print name and title of signer: Gino J Baroni / MANAGER
NAME TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



057076620101005

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529